



STATE OF HAWAII  
DEPARTMENT OF HEALTH  
ADULT MENTAL HEALTH DIVISION  
P.O. Box 3378  
HONOLULU, HAWAII 96801-3378

In reply, please refer to:  
**File:**

August 22, 2005

Dear Applicant:

RE: ADDENDUM 1 TO RFP HTH 420-1-06

The following change has been made to RFP HTH 420-1-06:

1. The proposal Mail-In and Delivery Information Sheet is replaced with the attached Proposal Mail-In and Delivery Information Sheet.
2. Section 3.V.A, on page 3-9 and 3-10 has been deleted and replaced with the following:

A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

The DIVISION is permitting the use of a fixed unit of service rate pricing structure for the RFP, the applicant is requested to furnish a reasonable estimate of the maximum number of service units it can provide for which there is sufficient operating capacity (adequate, planned and budgeted space, equipment and staff). All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

- SPO-H-205 – Budget
- SPO-H-205A – Organization-Wide Budget by Source of Funds (special instructions are located in Section 5)
- SPO-H-206A – Budget Justification – Personnel: Salaries & Wages

- PO-H-206B – Budget Justification – Personnel: Payroll Taxes, Assessments & Fringe Benefits
- SPO-H-206C – Budget Justification – Travel-Inter-Island
- SPO-H-206D – Budget Justification – Travel-Out of State
- SPO-H-206E – Budget Justification – Contractual Services - Administrative
- SPO-H-206F – Budget Justification – Contractual Services - Subcontracts
- SPO-H-206H – Budget Justification – Program Activities
- SPO-H-206I – Budget Justification – Equipment Purchases
- SPO-H-206J – Budget Justification – Motor Vehicle

Thank you for your attention to this change.

Sincerely,

AMY YAMAGUCHI  
Administrative Officer  
Adult Mental Health Division

Attachment

## PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: 11**  
**THE 11 COPIES MUST INCLUDE ONE (1) SIGNED ORIGINAL AND ONE (1) SINGLE SIDED, UNBOUND COPY.**

**ALL MAIL-INS MUST BE POSTMARKED BY UNITED STATES POSTAL SERVICE  
(USPS) NO LATER THAN  
September 15, 2005**

**All Mail-ins**

Department of Health  
Adult Mental Health Division  
P.O. Box 3378  
  
Honolulu, Hawaii 96801-3378

**Drop-Off Site**

Department of Health  
Adult Mental Health Division  
1250 Punchbowl Street, Room  
256  
  
Honolulu, Hawaii 96813

**RFP Contact Person**

Ray Gagner  
For further info. or inquiries  
Phone: (808) 586-4688  
  
Fax: (808) 586-4745

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE ABOVE SITE UNTIL 4:00 P.M.,  
Hawaii Standard Time (HST) September 15, 2005.**

**BE ADVISED:** All mail-ins postmarked by USPS after **September 15, 2005**, will be rejected.

Hand deliveries will **not** be accepted after **4:00 p.m., HST,**  
**September 15, 2005.**

Deliveries by private mail services such as FEDEX shall be considered hand deliveries and will not be accepted if received after **4:00 p.m., HST, September 15, 2005.**